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ABSTRACT

The Infant Monitoring Project was initiated in Polk County, Oregon, to address the need for monitoring the development of infants and young children designated as "at risk." The project involved a cooperative effort between the Polk County Health Department and the Teaching Research Division of the Oregon State System of Higher Education. The project used a series of questionnaires mailed at intervals to parents to measure infant development from birth through age 3, without involving professionals or transporting the child to a test site. A total of 755 questionnaires covering biological and environmental risk factors and family history were distributed over a 2-year period, and 500 were returned. Overall, 11% of the questionnaires showed abnormal results, while the project as a whole showed that lack of parenting skills were a high predictor of developmental problems. The project led to the development of a parent support group and referrals to local physicians. Concern is expressed about the number of children who may "fall through the cracks" in this type of screening program. (JDD)

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PREPARED BY THE STAFF OF THE SPECIAL EDUCATION DEPARTMENT

Teaching Research, Monmouth, Oregon 97361

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The purpose of this newsletter is to share with you our activities and projects. Each issue features a different project or activity. This issue describes the Infant Monitoring Project and was prepared by Pattie Johnson.

A list of our demonstration sites and those who manage them follows:

Services for Persons with Moderate and Severe Handicaps

Classroom Supervisor: Torry Templeman

Parent Training Clinic: Carol Bunse

Toddler Program: Kim Udell

Child Development Center Director: Tom Udell

Head Teachers: Nancy Nozaki, Wendy Williams

Assistant Teachers: Dawn Farnsworth, Dianna Rogers, Cindy Brown, Pam Deardorff

Classroom Aides: Doris Maraume, Carol Pfaff, Andrea Weyer, Gaynor Makanui

Elementary Classroom for Students with Severe Handicaps, Independence: Sharon Zimmerman

Training Staff: Torry Templeman, Carol Bunse, Joyce Peters, Gary Glasenapp, Lori Doede, Constance Lehman

Supported Work Training for Adults: Kirk Hendrickson, Grady Byrd, Miriam Weintrap, John Gallagher, Adrienne Bonosovich

Residential Supervisor: John Mushlitz

Group Home for Adolescents with Severe Handicaps, Polk County: Eric Karlinger

Group Home for Adolescents and Adults with Multiple Handicaps, Washington County: Sandra McDonald

Group Home for Adults with Profound Handicaps, Clackamas County: Margie Funkhouser

Group Home for Adults who are Medically Fragile: Charles Stidham, Pam Sahabin

Marion County Children's Project: Evelyn Ferris

Services for Students with Mild Handicaps and Severe Behavior Disorders

Classroom and Vocational Supervisor: Vicki Evans

High School Resource Room, Salem Public Schools: Maralee Karlinger

Training in Classroom Services: Vicki Evans

Vocational Program for Adolescents, Marion County: Pat Farley

Residential Supervisor: Debbi Kraus

Group Home and Apartments for Adolescents, Marion County: Kent Johnson, Char Teller, Kelly Knechtel

Foster Parent Training: Debbi Kraus

Summary of The Infant Monitoring Project, Polk County

In early 1987 the Local Advisory Group of Polk County, Oregon addressed the need for monitoring the development of infants and young children designated as "at-risk". Drawing on local strengths, a cooperative effort was started between the Polk County Health Department and the Teaching Research (TR) Division of the Oregon State System of Higher Education. It was funded by the local advisory group, using P.L. 99-457 Special Projects funds.

Polk County is primarily a rural area, with a high incidence of vulnerable families. The high rate of poverty, single parenthood, teen parents, and unemployment create a need to monitor children for developmental delays due to environmental as well as biological risk factors. The tracking system had to be applicable to a wide segment of the population, easily administered, low cost, and reliable in identifying infants and

young children with developmental progress outside of the normal range.

Distinguishing children who will develop problems from those who will not is a difficult task. Ideally, skilled professionals would have adequate time and resources to do the job. Realistically, those infants with severe handicapping conditions may be identified soon after birth, but those with mild to moderate delays may not be found until they enter school. Early identification of these infants and young children benefits not only the parent and child, but the school and the community as well.

The cost of involving a skilled professional in a screening program is not practical as the majority of at-risk children develop without difficulty. Polk county needed a less costly, yet

reliable alternative of discriminating children in need of professional evaluation from those developing without problems.

The proposal put forward by Teaching Research and the Polk County Health Department was built around the belief that parents can be part of the screening process, using questionnaires mailed to them at regular intervals. It was based on a tracking system developed by Diane Bricker, at the University of Oregon.

The Infant Monitoring Project (IMP) was designed to effectively measure the development of infants from birth through age three without involving professionals or transporting the family to a test site. The IMP uses questionnaires to assess developmental skills at various ages (Bricker, Squires, Kaminski, & Mounts, 1988). Although initial testing of the Infant Monitoring Project was in an urban area using referrals from a local Newborn Intensive Care Unit, the program was flexible and could be adapted to fit the needs of Polk County.

With no transportation costs and no trained personnel needed for the screening, the cost of maintaining the Infant Monitoring Project was low. A part time administrator, a few hours a week of public health nurse time, and material costs could keep the program running. With per-child cost so low, the county could afford to offer the program to more families of at-risk children. Instead of limiting enrollment to children at risk because of medical reasons, children were also considered included on the basis of environmental risk factors faced by and within families.

The Infant Monitoring Project training materials came with all necessary information, including questionnaires, sample letters, scoring cutoffs, and suggestions for guidelines to determine eligibility for the project. A group of local health care professionals was consulted to modify the guidelines to fit county needs. Both objective and subjective criteria were included to assist in identifying at-risk infants. Objective criteria include low birth weight, hospitalization, and genetic or congenital abnormalities. Subjective factors considered are parent apprehension about development and family instability. Referrals from local physicians, hospitals, and the public health department brought children into the system.

Polk County began actively monitoring at-risk infants in March of 1987.

Methods

Simply worded questionnaires are mailed to the parents seven days before the child reaches 4, 8, 12, 16, 20, 24, 30, or 36 months gestational age (corrected for prematurity when necessary). Parents answer 30 to 35 questions about things their child can or can not do then return the postage-paid questionnaire to Teaching Research. If any questions require watching the child interact with objects (holding crayons, stacking blocks, etc.) the observations of the child are made when and where the parent chooses, using items familiar to the child.

Parents receive the first Infant Monitoring questionnaire when their infant reaches 4 months gestational age. Questionnaires follow at 4 month intervals until 24 months. The final two questionnaires are sent when the child reaches 30 and 36 months. Each questionnaire contains 6 or 7 questions on development in each of 5 areas (or domains). The domains are communication, fine motor, gross motor, adaptive, and personal/social. A cover page requests changes in address, phone number, or family physician and the date the questionnaire should be completed and returned. The final section in each questionnaire covers general concerns, health problems, and a subjective assessment of the child's hearing, movement, etc. Parents are contacted by phone or letter if questionnaires are not returned by the suggested date.

When received by Teaching Research, the questionnaires are

scored and the scores compared to predetermined norms. If no problems are identified, parents are sent a letter notifying them that all is well along with a listing of age appropriate activities for their child. If the results in one or more domain fall below "normal" (two standard deviations from the mean) or if results for two or more domains are in the borderline range, the public health contacts the parents to try to gain more information. Based on the information obtained through this contact, a choice is made from a range of follow-up options. These include: waiting until the next questionnaire, recommending a check up by the family physician, and scheduling an evaluation with a professional. The physician listed by the parents is notified of any results below 'normal', with the letter becoming part of the patients file. The public health nurse often works with the physician in selecting the appropriate follow-up option for a family.

The project manager at Teaching Research established a database using the computer program supplied with the IMP materials, and supervised mailing of questionnaires and follow-up materials. The Polk County public health nurse maintained contact with participating families, collected referrals from health care professionals, and offered the program to families using the health department with infants and young children at risk. Referrals were given to the project manager at TR and appropriate materials were generated. By September of 1987 the number of participating children had outgrown the capabilities of the original computer system. The data management was transferred to IBM format, and all required letters, mailing lists and information are now generated from a single database.

Table 1 lists the guidelines used to select at-risk infants and young children in Polk County. Children were included in the Infant Monitoring Project for meeting one or more of these conditions. If multiple guidelines were appropriate, his/her data are included in the following calculations in each of those areas. Some guidelines were not considered to place a child at risk (such as caregiver other than parent) but were included to help understand the situation of the child.

Table 1. Guidelines used to classify at-risk infants and young children

Established Risk Factors:

Congenital abnormalities

Biological Risk Factors:

Birth weight under 6 pounds

Multiple birth

Complications of pregnancy

Birth trauma, anoxia

Neonatal infection, hospital stay

Post neonatal infection, hospital stay

Frequent upper respiratory infection (URI), ear infections

Environmental Risk Factors:

Parent under the age of 20

Single parent

Late or no prenatal care

Concern for parenting abilities

Suspect care giver/infant interaction

Parent with 9th grade education or less

Home birth

Family History:

Substance abuse

Child abuse, domestic violence

Sibling at-risk, already on program

Sibling born within 18 months

Parent with sensory, physical challenges

Parent with mental illness, developmental delay

Care giver other than parent (foster care, adoption, grandparent, etc.)

Additional criteria:

Physician referral

Hospital referral

Parent request, no applicable criteria

Results

As of June 1st, 1989, 277 children have been enrolled in the Infant Monitoring Project in Polk County. Of these, 200 are currently active (children are moved off the active list when parents leave the county, fail to respond to three consecutive questionnaires, or when the child passes 36 months of age). A total of 755 questionnaires were distributed between March, 1987 and May, 1989. Table 2 presents a summary of the return data showing an overall return rate of 86% (500 of 755). The return rate varied between the age groups, from a low of 56% on the 36 month questionnaire to a high of 73% on the 30 month questionnaire. In general, parents seemed more likely to return questionnaires when their children were youngest, with the exception of the 30 month questionnaire. Overall, 11% of the questionnaires returned showed abnormal results. The highest percentages of abnormal questionnaires occurred in the 20 and 24 month age groups (16% and 18% respectively).

Scores fell into the abnormal range on at least one domain in 55 of the returned questionnaires, representing 42 children. Of the 42 children with abnormal results, seven were subsequently evaluated and met the state criteria for receiving Early Intervention services. An additional five children scored below normal levels on at least two domains, but are not receiving services. (We were unable to contact two of these families for follow-up evaluations and three families refused to become further involved in the process.) Data from these 12 children are classified as "delayed" in Table 3. Of the remaining 30 children, some showed normal results on subsequent questionnaires, many were lost when they moved, and some are awaiting input from a physician before scheduling evaluations. All 42 children are included in the 'abnormal' sample in further discussions.

Certain risk factors seem better at predicting developmental difficulties than others. Table 3 compares the rate of infants and young children scoring outside the normal range on at least one domain (abnormal) with rates for children having serious delays (delayed). The eligibility guidelines are broken down into biological and environmental risk categories. With sample size so small, grouping categories gives a more useful idea of the relationship between risk factors and delays.

Grouping children from households with such factors as child abuse (15), suspect care giver interaction (16) and concern with parenting abilities (12) demonstrates the critical need for monitoring the developmental progress of these children. Abnormal results were found most often for questionnaires sent to families with questionable parenting skills. Over one third (38%) have abnormal questionnaires, and 14% exhibited delays serious enough to warrant intervention services (N=63).

A second group, combining results from children with medical problems at or after birth, such as low birth weight, neonatal or postneonatal infections or hospital stays and frequent ear or upper respiratory infections (items 1, 2, 6, and 8 from Table 3), shows an abnormal questionnaire rate of 26%, with 10% of the children found to have serious delays (N=121).

Table 2.
Summary data for returned IMP questionnaires

Questionnaire	Sent N	Returned		Abnormal	
		N	%	N	%
4 month	113	82	72	7	8.5
8 month	138	96	70	9	9.4
12 month	134	85	63	8	9.4
16 month	111	70	63	7	10.0
20 month	95	62	65	10	16.1
24 month	80	49	61	9	18.4
30 month	52	38	73	3	7.9
36 month	32	18	56	2	11.1
TOTALS	755	500	66	55	11.0

Table 3.
Children enrolled and questionnaires returned with abnormal results for different risk factors in Polk County

	Number Enrolled	Percent Returned	'Abnormal'		'Delayed'	
			N	%	N	%
Biological Risk Factors:						
1 Birth weight under 8 pounds	56	73	15	27	5	9
2 Neonatal infection, hosp stay	42	82	11	26	4	10
3 Complications of pregnancy	20	82	4	20	0	0
4 Multiple birth	14	93	2	14	2	14
5 Late/no prenatal care	14	88	4	29	2	14
6 Frequent URI, ear infections	13	78	3	23	2	15
7 Congenital abnormalities	13	83	2	15	0	0
8 Post neonatal inf., hosp. stay	10	70	3	30	1	10
Environmental Risk Factors:						
9 Teen parent	85	57	9	14	4	6
10 Sibling at-risk, on program	81	87	8	13	1	2
11 Single parent	50	85	4	8	0	0
12 Parenting concern	46	74	17	37	5	11
13 Sibling born within 18 months	30	56	3	10	1	3
14 Substance abuse	19	83	3	16	2	11
15 Child abuse, domestic violence	10	87	4	40	2	20
16 Suspect care giver interaction	7	86	3	43	2	29
Additional criteria:						
17 Parent request only	12		3	25	2	17

One area that defies easy grouping was lack of or late prenatal care. Though the sample is small, it appears an area of concern with 29% of the children in the Infant Monitoring project testing abnormal on at least one domain and 14% showing serious developmental problems.

Some factors thought to place children at risk, such as teen parents, single parents, parents with 2 children born within 18 months, and multiple births, did not account for as many abnormal questionnaires as expected. Grouping data for this group shows an abnormal rate of 11% with 6% showing serious delays, well below the levels seen for other risk factors.

The final guideline listed on Table 3 included children enrolled in the Infant Monitoring Project solely because a parent was concerned with the developmental progress of their child. The child qualified under no other guideline. Although visits to family physicians had failed to identify any delays or problems, the parents were apprehensive and requested to be included in the project. Of the 12 children in this group, 3 had abnormal questionnaires. Two of these children were found to have developmental problems significant enough to qualify them for Early Intervention services. The role of the parent in recognizing danger signals missed by health care professionals cannot be overemphasized.

There was concern in the planning phase of the project that parents would not be motivated to complete and return the questionnaires. This was found to be more of a problem in some situations than in others. Table 3 also shows the response rate for all guidelines used to enroll at least 10 children. Overall, 66% of the questionnaires were returned. The return rate varied from 93% for parents of twins down to lows of 56% for parents with two children born within 18 months and 57% for teen mothers. Two groups of particular note are the families included because of parenting disturbance, with a better than average response rate of 74%, and the parents with a history of substance abuse, with a lower than average return rate of 63%.

Discussion

The need to track infants and young children at risk of developmental delays has been identified as a priority by all facets of the community, from parents in Polk County, to the Governor of Oregon, to Congressional leaders in Washington. The Infant Monitoring Project used for the past two years in Polk County is well adapted to meeting this need for early

identification of young children with problems. It is a cost effective way to screen and track children from a broad segment of the population.

Mailing questionnaires to the family, letting parents complete them at their own convenience has been shown to work for the majority of the parents. The number of participating families has grown steadily. Parents enjoy their participation, with notes in the margins and in the comments section revealing their involvement with the process.

Parents with concerns about their child receive timely feedback that all is well while increasing their awareness of what they can do to help their child develop his/her full potential. Children who need outside help are identified, and start the steps leading to the Early Intervention system as soon as delayed development is found. Parents of children with borderline results are offered learning materials and guidance in fostering the development of their child.

While child find efforts are generally concentrated on the medically at risk segment of the population, the results of the IMP in Polk County clearly demonstrate the immediate need to broaden the definition of conditions likely to result in delayed development to include those children being raised in questionable home atmospheres. Results from two years of monitoring infants and young children show lack of parenting skills to be a high predictor of developmental problems.

The high incidence of abnormal questionnaires returned from households where parenting skills were of concern demonstrates dramatically the need for more and better educational opportunities for the parents. Over two thirds of the parents were willing to complete and return the questionnaires, indicating an interest in improving the situation for their child.

The benefits of the program are easily seen in the identification of children with delays severe enough to qualify for Early Intervention services. But perhaps an even greater benefit to families and society may be found in the children with less serious delays by educating parents in appropriate stimulation skills. Comments from parents on completed questionnaires often reveal uneasiness and concern for their child if they perceive development to be slower than a sibling or neighbor child. Both questionnaires and follow up materials offer suggestions for age appropriate activities along with reassurance that all is progressing well. Parents have shown they gained more realistic expectations for their child from answering questions on the questionnaires "I had no idea that he would enjoy looking at himself in a mirror". In some cases comments have alerted us to parent needs for basic information- "my 4 month old is allergic to so many things, like milk, and strawberries". That mother was provided with information on more appropriate food ideas for an infant. The changes may be subtle, but for the relatively low cost of the IMP the impact on a family with no other resources is great.

The required cooperation between agencies to establish and maintain the program has been of benefit to the agencies involved and to the community. Increased communication, shared resources, and problem solving sessions have contributed to a better understanding of how the early intervention system works, what services are available, and what needs are the greatest in the community.

An example of people working together concerns the families with infants from 4 to 12 months of age. Identification of several infants with developmental problems not severe enough to qualify them for services, yet indicative of problems to come led to the formation of a 'baby group'. Assuming that the earlier a child gets help may offset the severity of a delay, and that these children would not qualify for services of a professional, the parents were enlisted to help. A small number of parents of infants with results in the borderline or outside

normal range were offered a chance to meet weekly to share experiences with other parents and participate in group activities centered around child stimulation and role modeling.

This "baby group", led by Carol Bunse at TR with help from practicum students from the Western Oregon State College Department of Education, was begun in the fall of 1988. A highly successful companion to the IMP, it was gratefully received by the parents. Participation in the group has provided parents with confidence in learning what they can do to help their young child, and has appeared to ameliorate tendencies toward developmental delays. The value of the experience was summed up by one mother. "If I'd had this for my son, he wouldn't have a speech problem now."

Attempts have been made throughout the process of establishing and implementing the Infant Monitoring Project to involve local health care professionals. Participation by local physicians in the IMP has increased gradually, as shown by referrals, and has led to a better understanding of the whole Early Intervention process. The result of having more and better information in the hands of the health care professionals can only help the families and the community facing tough decisions on human service questions. There still is room for improvement in this area.

It is felt that a number of children "fell through the cracks" between the identification of developmental problems and ultimate disposition of their case. As originally designed, home visits were to be a part of the public health nurse participation in the Infant Monitoring Project. These were considered important to help parents complete the questionnaires when it was judged necessary to assure participation (i.e. parents either illiterate or developmentally delayed themselves) and to follow up on children identified as outside the normal developmental range. With cuts in the Public Health budget, these visits were not made. Though some questionnaires were completed at the county health department when parents came in for other reasons, most often these children were not tracked successfully.

Polk County shares with other areas of the state the need for easier access to evaluations, transportation for families, and more options for parents. There is a great need for more and better educational efforts aimed at training people to recognize danger signs placing children at risk. The efforts to find and identify children in need of remedial services as early as possible must be continued and expanded, possibly by developing stronger connections to Head Start, Children Services Division, teen parents program and local day care providers to reach more environmentally at risk kids. With more victims of prenatal drug abuse born every day the problems facing the community and the school system will only increase.

With only 7 of the 42 children showing abnormal results now in services, the future costs to society for the remaining 75% may be dependent on what the community can offer now. These are the marginal kids where better role models, increased parental influence on appropriate developmental conditions, and other programs can repay the greatest value.

Reference

- Bricker, D., Squires, J., Kaminske, R., & Mounts, L. (1987). The validity, reliability, and cost of a parent-completed questionnaire system to evaluate at-risk infants. Journal of Pediatric Psychology, 13, 55-68.

RECENT WRITING AND PRESENTATIONS

- Bud Fredericks, September 7, 1989 - Keynote - New Mexico Early Childhood Conference, Albuquerque, New Mexico. "Looking Back Over Twenty Years of Early Childhood."

- Bud Fredericks, September 26, 1989 - Paper presented at Council for Exceptional Children - Behavior Disorders Conference. "Vocational Training for Youth with Severe Emotional Disturbance."
- Mike Bullis, September, 1989 - Invited presentation, Council for Children with Behavior Disorders, National Conference, Greensboro, North Carolina. "Assessing the Vocational Skills of Seriously Emotionally Disturbed Adolescents."
- Mike Bullis, October, 1989 - Invited presentation, Southeast Regional Institute on Deafness, Clearwater, Florida. "School-to-community Transition of Hearing Impaired Adolescents: Empirical Guidelines for Effective Practice."
- Piazza Templeman, T., Fredericks, H.D., & Udell, T. (1989). Integration of children with moderate and severe handicaps into a daycare center. Journal of Early Intervention, 13(4).

MATERIALS LIST

The following is a list of materials developed by Teaching Research with prices and publishers from whom they may be purchased.

- Associated work skills: A manual. The Teaching Research Special Education Department Staff. Teaching Research Publications, Monmouth, Oregon 97361, 1984. \$10.00
- A data based classroom for the moderately and severely handicapped (4th Ed.). Fredericks, H. D., and the Staff of the Teaching Research Infant and Child Center. Teaching Research Publications, Monmouth, Oregon 97361, 1982. \$14.50
- Communication with persons who have deaf/blindness. Teaching Research Publications, Monmouth, Oregon 97361.
- Play Activities and Emergent Language: Intervention Procedures for Young Children with Deaf/Blindness. \$5.25
- Research on the Communication Development of Young Children with Deaf/Blindness. \$7.00
- Augmentative Communication for Children with Deaf/Blindness: Guidelines for Decision-Making. \$5.25
- Enhancing Interactions Between Service Providers and Individuals who are Severely Multiply Disabled: Strategies for Developing Non-Symbolic Communication. \$7.00
- Sensory Assessment Manuals. \$5.25
- Communication Development in Young Children with Deaf/Blindness: Literature Review. \$8.00
- Integrated educational service delivery models for severely handicapped children and/or youth materials
- Implementation strategies for integration: An administrator's manual. \$3.50
- A teacher's manual for developing effective integration between students with severe handicaps and their peers. \$7.50
- Communication placement assessment for children and students with severe handicaps. \$3.00
- Communication curriculum for children and students with severe handicaps. \$22.50
- Signs of the time: Sign Language lessons for the Elementary grades. \$4.50
- Resources for parents' questionnaire. \$2.00
- Physical education for the severely handicapped: A systematic approach to a data based gymnasium. Dunn, J. M., Morehouse, J. W., & Fredericks, H. D. PRO-ED, Austin, Texas 78735, 1985. \$19.00
- Project Entrants: A Model for Transition of Preschool Children with Handicaps into Public School. Thomas, B., Wilson, T., Guida, J., Manning, S. Teaching Research Publications, Monmouth, Oregon, 97361, 1987 (2nd ed.) \$10.00
- The Teaching Research curriculum for moderately and severely handicapped: Gross and fine motor skills. Fredericks, H. D. and Staff of the Teaching Research Infant and Child Center. Charles C. Thomas, Publishers, 301-327 East Lawrence Avenue, Springfield, Illinois 62717, 1980. \$26.25
- The Teaching Research curriculum for moderately and severely handicapped: Self-help and cognitive skills. Fredericks, H.

- D. and Staff of the Teaching Research Infant and Child Center. Charles C. Thomas, Publishers, 301-327 East Lawrence Avenue, Springfield, Illinois 62717, 1980. \$27.25
- Teaching expressive and receptive language to students with moderate and severe handicaps. Fredericks, H. D., Makohon, L., and the Staff of the Teaching Research Infant and Child Center. PRO-ED, Austin, Texas, 1985. \$26.00
- The Teaching Research curriculum for handicapped adolescents and adults: Personal hygiene. Fredericks, H. D., Makohon, L., Bunse, C., Heyer, M., Buckley, J., Alrick, G., & Samples, B. Teaching Research Publications, Monmouth, Oregon 97361, 1980. \$10.00
- The Teaching Research curriculum for handicapped adolescents and adults: Dressing, clothing care and selection. Fredericks, H. D., Heyer, M., Makohon, L., Bunse, C., Buckley, J., Trecker, N., Egan, I., Johnson-Dorn, N., Miller-Case, V., Fay, M. I., Paeth, M. A., Alrick, G., & Samples, B. Teaching Research Publications, Monmouth, Oregon 97361, 1983. \$20.00
- The Teaching Research curriculum for handicapped adolescents and adults: Assessment procedures. Petersen, J., Trecker, N., Egan, I., Fredericks, H. D., & Bunse, C. Teaching Research Publications, Monmouth, Oregon 97361, 1983. \$10.00
- The Teaching Research curriculum for mildly and moderately handicapped adolescents and adults: Taxonomy and assessment. Nishioka-Evans, V., Hadden, C., Kraus, D., Johnson, J., Fredericks, H., & Toews, J. Teaching Research Publications, Monmouth, Oregon, 1983. \$10.00
- The Teaching Research curriculum for mildly and moderately handicapped adolescents and adults: Telephone skills. Nishioka-Evans, Fredericks, H., Toews, J., Hadden, C., Moore, W., and Dooley, M. Teaching Research Publications, Monmouth, Oregon, 1984. \$10.00
- Toilet training the handicapped child (4th ed.). Fredericks, H. D. and Staff of the Teaching Research Infant and Child Center. Teaching Research Publications, Monmouth, Oregon 97361, 1981. \$4.75
- Transition for Persons with Deaf-Blindness and other Profound Handicaps. Fredericks, H. D., Covert, A. Teaching Research Publications, Monmouth, Oregon 97361, 1987. \$10.00
- Vocational Training for Students with Severe Handicaps. H. D. Bud Fredericks and Staff of the Teaching Research Vocational Training Model. Teaching Research Publications, Monmouth, Oregon 97361, 1987. \$13.00

Recommended Reading

- Friends. Edrington, M. Instructional Development Corp., P.O. Box 361, Monmouth, Oregon 97361, 1979. \$6.75

To purchase the above or to obtain further information about the publication, please contact the publisher listed for each document

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